

Note: This is a sample

template, it is not

an OMB approved

form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Waverly Hall Telephone, LLC

Service Provider Name

Company Address, City, State, Zip

P.O. Box 100

Waverly Hall, GA 31831

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Robert L. Jones

706-582-3333

Fax #

706-582-3111

E-mail Address

wavtel@mindspring.com

Section 2

Local Area 911 Implementation

s List all individual local areas covered by this report (e.g., Lee County, Virginia):

Talbot County, Georgia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

None, waiting on Talbot County officials to decide.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

None, see above.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

There as been one meeting with Talbot County and Southern Bell and we are waiting to hear from Talbot County to see how they want it routed.

Section 3 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

XX I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative Robert L. Jones

Title Vice President

Date 3-8-02

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

